Attachment 3.E.4.a

PROTECTIVE CUSTODY INVESTIGATION FORM

REQUEST:
I. [] The inmate has request or agrees with staff that protective custody is necessary for reasons of health or safety.
II. The inmate has refused protection that staff has determined is essential.
III. [] The inmate has been place into protection by court order.
Inmate's Signature: (Any refusal to sign will be documented)
Witness(Staff): Mgf, hum Date/Time:
INVESTIGATING SUPERVISOR: .
FINDINGS OF THE INVESTIGATION WERE AS FOLLOWED:
Land Charles Tall 10+ Dat
D/22 2000
of Requiles Vrotective
LOSDAN Of 19050 NEWS
attacked by another mate
Special Conditions:
opecial conditions.
Investigator's Signature
Shift Commander's Signature Date and Time:
Deputy Warden's for Admin. Signature Date and Time:
Copies: Dep. Comm. of Admin., Warden, Dep. Warden for Admin., Social Services, Inmate,



Philadelphia Department of **Prisons**

Curran Fromhold Correctional Facility

MEMORANDUM

To:

Sergeant A. Ball

From:

Inmate Charles Talbert, PP# 810247

Date:

Thursday, February 28, 2019.

Subject: Incident on C2-pod3

Officer Johnson told innote X, Knox to resemble one Coc Giling laws with regions of the front

Signature

PHILADELPHIA POLICE DEPARTMENT
COMPLAINT OR INCIDENT REPORT
CRIME OR INCIDENT CLASSIFICATION CODE TIME OUT TYPE OF PREM.
DATE OF OCCUR DAY CODE TIME OF OCCUR A NATURE OF NURV COMPENIANT 3.27 81 AGE RACE SEX PHO'S (MOME) ADDRESS PHONE (BUSINESS)
FOUNDED REPORT TO FOLLOW VINIT CODE INV CONT NO Yes NO Yes NO Close Out WITNESS TRACEABLE PROP TUNIQUE DESCRIPTION OF OTHER EVIDENCE OFFENDER OFFENDER Yes NO Yes NO Yes NO DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable)
MAND WAS ESTAGE THE PARTY TOS COPEDS WHEN IT LONG.
MINCHED STAIRS TOU THE HEAD BY RITTUD JAMATE. (MAX LINS MINCH INCONSCIOUS AND TRANSPORTO TO JETTERSON TORRESSAIT HISTORY BY
MOSCA) THE VEXT OF THE DUCTION OF THE PHONE NUMBER ALC: BY PP LE LATTER PR # BUY95. PHONE NUMBER OFFENDER INFORMATION ZHYARE LUOX 11-11 99 PIEM
PROPERTY DESCRIPTION (Include Make PROP CODE INSURED STOLEN VALUE Model Color and Serial No Where Applicable)
CANT TO COMPI.
VEHICLE 1 OWNER'S NAME VEHICLE 2 OWNER'S NAME
VEHICLE 1 - OPERATOR'S NAME VEHICLE 2 OPERATOR'S NAME
WANTED/STOLEN MESSAGE SENT DIST/JUNIT RECEIPT SENT BY TERMINAL NO General No. Date
REPORT PREPARED BY NO DISTRUCT TOTAL PAGE NO PAGES NO DISTRUCT PAGE NO DISTRUCT REFERRAL DATE CEN NO
PURSUANT TO ACT 155 OF 1992, THE BELOW PERSON ACKNOWLEDGES RECEIPT OF THE NOTIFICATION OF VICTIM SERVICES FORM.
75-48 Front (Rev. 11/09)

Philadelphia Department of Prisons Philadelphia, PA 19136 PPN SIDELLI

> J.S.M.S. X-RAY

PHILADELPHIA PA 190

OS JUL 2019 FM 4 FOREMEN

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0.5. Courthouse

Independence MAIL W

601 Market Street Philadelphia, RA 19106-1797

19106\$1729 CO19

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